## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1127819

OMB APPROVAL

OMB Number: 3235-0076 Expires: September 30, 2008

Estimated average burden hours per response. . . . 4.00

SEC Mail Processing
Section

JAN 05 2009

	Wachington, DC
Name of Offering (  check if this is an amendment and name has changed, and indicate change Issuance of Series A-1, A-2, B-1, B-2 and C Convertible Preferred S	e.) Stock in Acquisition by Merger
	on 4(6) ULOE PROCESSED
A. BASIC IDENTIFICATION DATA	JAN 1-8-2003
1. Enter the information requested about the issuer	THOMSON REUTERS
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Overture Networks, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 507 Airport Blvd., Ste 111, Morrisville, NC 27560	Telephone Number (Including Area Code) 919-337-4108
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Optical networking equipment	
Type of Business Organization  [X] corporation  [ business trust	please sp
Month Year  Actual or Estimated Date of Incorporation or Organization: U 9 U U X Actual Estin  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 C notice in paper format on or after September 15, 2008 but before March 16, 2009. During that per initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using comply with all the requirements of § 230.503T.  Federal:	CFR 239.500T) or an amendment to such a riod, an issuer also may file in paper format an
Who Must File: All issuers making an offering of securities in reliance on an exception under Reguseq. or 15 U.S.C. 77d(6).  When To File: A notice must be filed no later than 15 days after the first sale of securities in the offsecurities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed by United States registered or confidence of the file: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20	offering. A notice is deemed filed with the U.S. he address given below or, if received at that ertified mail to that address.
Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only any changes thereto, the information requested in Part C, and any material changes from the informatic E and the Appendix need not be filed with the SEC.  Filing Fee: There is no federal filing fee.  State:	y report the name of the issuer and offering,
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) have adopted ULOE and that have adopted this form, Issuers relying on ULOE must file a separate each state where sales are to be, or have been made. If a state requires the payment of a fee as a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate sample of the notice constitutes a part of this notice and must be completed.  ATTENTION.	e notice with the Securities Administrator in precondition to the claim for the exemption, a
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlo	-

filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the iss	ıer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>	
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or	
Reedy, Jeff c/o Overture Networks, Inc.  Managing Partner	
Full Name (Last name first, if individual)	_
507 Airport Blvd., Ste.111, Morrisville, NC 27560	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer A Director General and/or	_
Lanza, Drew c/o Morgenthaler Partners VII, L.P.	
Full Name (Last name first, if individual)	
Terminal Tower, 50 Public Square, Suite 2700 Cleveland, OH 44113	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or	
Glushik, John c/o Intersouth Partners V, L.P.  Managing Partner	
Full Name (Last name first, if individual)	_
406 Blackwell Road, Suite 200, Durham, NC 27701	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer N Director General and/or	
Pastoriza, James c/o TDFund II, L.P.  Managing Partner	
Full Name (Last name first, if individual)	
1850 K Street, N.W., Suite 1075, Washington, D.C. 20006	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or	
Pate, Pryson c/o Overture Networks, Inc.  Managing Partner	
Full Name (Last name first, if individual)	
507 Airport Blvd., Ste 111, Morrisville, NC 27560	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or	_
Intersouth Partners V, L.P. Managing Partner	
Full Name (Last name first, if individual)	
406 Blackwell Road, Suite 200, Durham, NC 27701	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or	
Morgenthaler Partners VII, L.P. Managing Partner	
Full Name (Last name first, if individual)	_
Terminal Tower, 50 Public Square, Suite 2700, Cleveland, OH 44113	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or
Intel Capital Corporation Managing Partner
Full Name (Last name first, if individual)
2200 Mission College Blvd. M/S RN6-59, Santa Clara, CA 95052
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter 🔀 Beneficial Owner 🔲 Executive Officer 🔲 Director 📋 General and/or
Erasmus New York City Growth Fund, L.P.  Managing Partner
Full Name (Last name first, if individual)
2651 North Hardwood, Suite 210, Dallas, TX 75201
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or
Stehlin, David  Managing Partner
Full Name (Last name first, if individual)
507 Airport Blvd., Suite 111, Morrisville, NC 27560
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
(obe orders on copy and use additional copies of this since, as necessary)

					В. 13	NFORMAT	ION ABOU	T OFFER	ING				
1.	Has the	issuer solo	i, or does th			II, to non-a Appendix						Yes	No [¾
2.	What is	the minim	um investn			• •		_				\$_N/F	<u> </u>
3.	3. Does the offering permit joint ownership of a single unit?								Yes [X]	No			
4.	commis If a pers or states	ssion or sim son to be lis s, list the na	ion request ilar remune ted is an ass ame of the b you may s	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conno cer or deale e (5) persoi	ection with r registered ns to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	he offering. with a state		
	II Name ( N/A	Last name	first, if ind	ividual)								• •	
	<u> </u>	Residence	Address (N	umber and	d Street, Ci	ity, State, Z	Lip Code)						
Na	me of As	sociated B	oker or De	aler	<del></del>								
Sta	ites in Wl	nich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers	······					
	(Check	"All State:	s" or check	individual	l States)							☐ A1	l States
	AL IL MT RI	AK IN NE SC	AZ JA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	ll Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	nd Street, C	City, State,	Zip Code)		<u>.</u>	<del></del>	-		. •
Na	me of As	sociated B	oker or De	aler							·		
Sta			Listed Ha										<u> </u>
	(Check	"All State:	s" or check	individual	l States)							☐ All	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NI TX	CO J.A NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	MI OH WV	GAI MNI OKI WII	MS OR WY	ID MO PA PR
Ful	ll Name (	Last name	first, if ind	ividual)			••			<del>1=</del> :	·		<u>-</u> .
Bu	siness or	Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)			· <del></del>			
Na	me of As	sociated B	oker or De	aler									
Sta	ites in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)							☐ Al	l States
	AL IL MT RL	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL M1 QH WV	GA) MN OK WI	MS OR WY	ID MO PA PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box x and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>S</b>	\$
	Equity	32,811,899.	62 18,000,240.88
	□ Common [X] Preferred	<u> </u>	Ψ
	Convertible Securities (including warrants)	2	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE. *Determined base		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	preferenc	e of stock issued le in acquisition.
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	12	\$ <u>18,000,240.88</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees	_	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		\$_125,0 <b>0</b> 0

	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gr	oss	\$_32,686,899.6
ē	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part (	purpose is not known, furnish an estimate a he payments listed must equal the adjusted gro	and	
	*Shares were issued pursuant to the a	an acquisition of an operating	Payments to Officers, Directors, & Affiliates	Payments to Others
	company.			
	Salaries and fees			<del></del>
	Purchase of real estate		∐ ⊅	- L D
	Purchase, rental or leasing and installation of mach		🗆 \$	
	Construction or leasing of plant buildings and facil	ities		
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	[] \$	. []\$
	Repayment of indebtedness		🔲 \$	\$
	Working capital		[] \$	\$
	Other (specify):		_ [] \$	
			_ [] \$	_ 🗆 \$
	Column Totals		🔲 💲	
	Total Payments Listed (column totals added)	🔲 \$	N/A	
_		D, FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Com	mission, upon writte	
SS	uer (Print or Type)	Signature	Date	<del></del>
ν	erture Networks, Inc.	Jeff New	1-2-09	
la	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Ιe	eff Reedy	Chief Executive Officer		

